



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 8669

Bib Data Sheet

| SERIAL NUMBER<br>10/524,318 | FILING OR 371(c)<br>DATE<br>02/09/2005<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1609-<br>1651 | ATTORNEY<br>DOCKET NO.<br>L108 1010.1 |
|-----------------------------|--|--------------|---------------------------------|---------------------------------------|
|-----------------------------|--|--------------|---------------------------------|---------------------------------------|

**APPLICANTS**

Sandrine Bourgeois, Paris, FRANCE;  
 Elias Fattal, Paris, FRANCE;  
 Antoine Andremont, Malakoff, FRANCE;  
 Patrick Couvreur, Villebon-Sur-Yvette, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/FR03/02474 08/06/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

FRANCE 0210151 08/09/2002  
 FRANCE 0213514 10/29/2002

**\*\* SMALL ENTITY \*\***

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>FRANCE | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>57 | INDEPENDENT CLAIMS<br>5 |
|---|---|----------------------------|---------------------|--------------------|-------------------------|
| Verified and Acknowledged<br>Examiner's Signature           | Initials  |                            |                     |                    |                         |

**ADDRESS**

26158

**TITLE**

Galenic formulation for colon targeted delivery of active principles

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1625 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|